



Indiana Department of Education

SUPPORTING STUDENT SUCCESS

PROFESSIONAL GROWTH PLAN RENEWAL INFORMATION FORM

This form is to be completed for Educators who are currently **not** in a school setting.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Active License Number: _____ Type: _____

Expiration Date: _____ Level: _____

If there are additional licenses you want to renew with this PGP, please provide the information listed below:

License Number	Type	Expiration date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Educator Attestation:

- This license renewal report has been submitted as one of the requirements for the renewal of an Indiana Standard, Proficient Practitioner, Professional or Accomplished Practitioner License.
- I am the sole author of any reflections and commentaries included in this document.
- There is no plagiarized material in this report.
- I understand that the information in this report is subject to audit verification and I give the Office of Educator Licensing and Development or its designee authority to contact any individual or organization as may be required to verify the information.
- I understand that any falsification of the material submitted may result in rejection of the entire report and that a license may be revoked or suspended if the submitted materials are fraudulent (515 IAC 1-2-18(b) (1)).
- I understand that, once the report is submitted, all of the included information and documents are retained by the Office of Educator Licensing and Development and will not be returned to me.

Educator's Signature

Date Submitted

Educator's Printed Name